

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pat	tent Application of						
Yukitosh	ni KATO	Group Art Unit: 3731					
Applicat	ion No.: 09/993,633	Examiner: G. Phanijphand					
Filed: N	November 27, 2001	Confirmation No.: 8228					
	INSTRUMENT FOR EXTROVERTING BLOOD VESSEL	) ) )					
	AMENDMENT/REPLY TR						
P. O. Bo	sioner for Patents ox 1450 ria, Virginia 22313-1450	RECEIVED  MAY 1 4 2003  TECHNOLOGY CENTER HISTON  ent application.					
	losed is a reply for the above-identified pate	ent application.					
[]	A Petition for Extension of Time is also e						
[]	A Terminal Disclaimer and the [ ] \$55.00 C.F.R. § 1.20(d) are also enclosed.	(2814) [ ] \$110.00 (1814) fee due under 37					
[]	Also enclosed is/are	· · · · · · · · · · · · · · · · · · ·					
[]	Small entity status is hereby claimed.						
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).						
i	[ ] Applicant(s) previously submitted on	, for which continued examination is requested					
[]	Applicant(s) request suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.						
[X]	No additional claim fee is required.						
[]	An additional claim fee is required, and is	s calculated as shown below:					

		AMENDED	CLAIM	S		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	19	MINUS 20 =	0	× \$18.00 (1202) =	0.00	
Independent Claims	1	MINUS 3 =	0	× \$84.00 (1201) =	0.00	
If Amendment adds multiple dependent claims, add \$280.00 (1203)						
Total Amendment Fee						
If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONA	L FEE DUE	FOR THIS AME	NDMENT	· · · · · · · · · · · · · · · · · · ·	0.00	

[	]	A claim fee	in the	amount of \$	_ is	enclosed.
E	]	Charge \$		to Deposit Account 1	No.	02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Matthew L. Schneider Registration No. 32,814

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Date: May 7, 2003